

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	IND.	DEP.	AFTER		AFTER	
			1st AMENDMENT	IND.	DEP.	2nd AMENDMENT
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	2					
TOTAL	5					
TOTAL	7					

CHARGE ON ATTACHMENT CHARGE ON DOCUMENTS